Registration District No. 238 Primary Registration District No. 5821 Registrat's No. 53 1. PLACE OF DEATH a. COUNTY New Madrid b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Big Prairie Twp Yes No. NWO TOWN Memphis c. CITY OR TOWN Memphis	FILED DEC	2 - 1957	STANDARD CERTIF	ICATE OF DEATH		41221
PLACE OF DEATH COUNTY New Madrid 2 USUAL RESIDENCE (Where deceased lived. It institutions Residence before a COUNTY New Madrid b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR THE TOWN RUTal — Big Prairie Two Year NSC CITY OR TURN RUTAL — Big Prairie Two Year NSC CITY OR TURN RUTAL — Big Prairie Two Year NSC CITY OR TOWN Memphis (If outside, give location) Reside on Farm NSTITUTION Miles S. SIKESTON, Mo. ADDRESS 575 East St. Year NSC NS			000			Registrar's No.53
b. CITY (If ourside corporate limits, give TOWNSHIP only) Inside Limits OR RURAL Big Prairie Type 1 mov No. OR OR NUTS 1-Big Prairie Type 1 move to say in 16 move the provided and the provided				2. USUAL RESIDEN		
OR RUTAL—Big Prairie Twp Yes D NAC TOWN Memphis TOWN Memphis TOWN Memphis TOWN Memphis TOWN Members 10 to 10	O. COUNTY NO	ew Madrid		Tean.	b. SM	all'by & 410
TOWN HUTAL—Big Prairie Twp 1 to 1 town Memphis TOWN Memph	b. CITY (If outsice	le corporate limits, give	TOWNSHIP only) Inside Limits			Inside Limits
STATICE Social Section Mo. Body Marke Month Mont				TOWN Mem	phis	Yes X No □
3. MAME OF PRINT AND PRINT AND PRINT AND PRINT PRINT AND PRINT PRINT AND PRINT	HUSPITAL DR			d STREET	(If outside, giv	re location) Reside on Farm
Continue	INSTITUTI BN	Miles S. S	ikeston, Mo.	ADDRESS 5	75 East St.	77
Type or print Robin Hamilton Hicks Death Nov. 12, 1957	3. NAME OF	First	- Middle	Last		Month Day Year
S. SEX G. COLOR OR RACE MARKED D. REVER MARRIED D.		Robin	Hamilton	Hicks	DEATH NOT	7. 12. 1957
100. SUMA OCCUPATION (Clies that of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and atlas or country) 12. CITIZEN OF WHAT COUNTRY 13. ATLAS OF MAINTENS NAME 14. MOTHER'S MAINTENS NAME 14. MOTHER'S MAINTENS NAME 15. WAS DECEASED EVER IN U. S. ARNED FORCES: 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Active Duty 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, Yes, Information of Dath 16. SOCIAL SECUR	5. SEX	6. COLOR OR RACE	7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Memphis, Tenn. USA			WIDOWED DIVORCED	Oct. 30, 1		
USA Airforce John Walker Hicks John Walker Hicks Hazel Patterson 16. Social Security No. 17. Informant 1015 Tanglewood, Yes, Active Duty 408-36-8124 T. H. Miles, Memphis, Tenn. 18. CAUSE OF BEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMCDIATE CAUSE (a) No Medical Attendant, by all records, Conditions, if any, which quare rise to obove cause (c), stating the underlying cause (b), stating the underlying cause (b). 20. ACCIDENT SUICIDE HOMICIDE Above was driving car that was hit by trailor— 20. TIME OF How Month, Day, Year INJURY (c. g., in or about home, while Apply 7, 06m Nov. 12, 50 truck. 20. INJURY OCCURRED WHILE AT WORK HIS MANUARY OCCURRED WHILE AT WORK HIS MANUARY OCCURRED WHILE AT WORK HIS MANUARY OCCURRED HIS MANUA	10a. USUAL OCCUPATION during most of wor	(Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and	d state or country)	12. CITIZEN OF WHAT COUNTRY?
John Walker Hieks Hazel Patterson	US. Airfo			Memphis, '	Tenn.	USA
15. MAS DECEASED EVER IN U. S. ARNEED PORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT 1015 Tanglewood, 102, no. or unbrown (102, no. in the work of the of writch) 1015 Tanglewood, 102, no. or unbrown 102,						
Yes, Active Duty Nemphis, Tenn. Interval servers Onser and Death O						
Restaure of Death Enter only one couse per time for (a), (b), and (c).	(Yes, no. or unknown) (If yes, give war or dates of se	reica)		1015 Tang	žlewood,
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records, Conditions, if any, with gare rise to above cause (a); the part is to above cause (b); the part is to the terminal disease condition given in Part I (a) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) DUE TO (b) death was due to a car accident. DUE TO (c) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNEPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) PART II. OTHER SIGNATURE PART II. OTHER SIGNATUR				· T. H. M11	es, Mempl	nis, Tenn.
Due to (c) Some cause (g) stating cause last (g) stating cause l	PART I DEAT	H WAS CAUSED BY.		dant, by a	ll records,	ONSET AND DEATH
Due to (c) stating the underlying cause (g), stating cause (· .	·	
Stating the under Due to (c)	Conditions, if any. which gave rise to DUE TO (b) death was due to a car accident.					
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PERFORMED! 20a. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) A bove was driving car that was hit by trailor— 20c. TIME OF How Month, Day, Year INJURY App. 7.00m Nov. 12,50truck. 20d. INJURY OCCURRED WHILE AT INOT WHILE INTERPRETED ACTOR AT WORK INTERPRETED ACTOR ACTO	Z1 <u></u>	1041. /	CONTRIBUTING TO DEATH BUT MOT BELLIEF	TO THE TERMINAL DISEASE C	THE TIME CIVEN IN PART I(A)	19. WAS AUTOPSY
20d. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Above was driving car that was hit by trailor— 20c. Time of Homy Month, Day, Year INJURY App. 7.00 mNov. 12,5 truck. 20d. INJURY OCCURRED WHILE AT NOT WHILE INTERNATION AT WORK INTO A TOWN A TOWN OR LOCATION COUNTY STATE WORK. 21. I attended the deceased from the date stated above; and to the best of my knowledge. from the causes stated to the deceased from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town. 20d. English and the causes stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the causes stated town on the date stated above; and to the best of my knowledge. from the date stated above; and to the best of my knowledge. from the date stated above; and to the best of my knowledge. from the date stated above; and to the date stated above; and to the date stated above; and to the date stated above	(d)					PERFORMED?
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WHILE AT WORK AT WORK HIGHWAY #61 Big Prairie, New Madrid Missouri 21. I steended the deceased from						
21. I strended the deceased from		RED 20e. PLAC IT WHILE IT ##5TH	E OF INJURY (e.g., in or about home, _{actory, street, office bldg., etc.)			
Death opcurred at	WORK, LJ AT	WORK X H1	gnway #bl	Big Prair		·
Z2c algrature Course or (lile) Z2c. ADDRESS Z2c. DATE SIGNED 19 Nou 57						
Removal (Specify) Removal (Specify) Removal Director New Madrid. Missouri 13 Nov.57		ed at			the best of my knowled	
23a. BBRIAL, CREMATION. REMOVAL (Specify) Removal (Specify) Removal (Specify) Removal 13 Nov. 57 Memorial Park Cemetery Memphis. Tenn. 24. FUNERAL DIRECTOR Richards Undertaking Co. 25. DATE (Specify) Removal	200000000000000000000000000000000000000	Day of				
REMOVAL (Specify) 13 Nov. 57 Memorial Pakk Cemetery Memphis, Tenn. New Madrid, M. 25. DATE RECD. BY LOCAL REG. Richards Undertaking Co. 125. DATE RECD. BY LOCAL REG. 726. REGISTRAR'S SIGNATURE Richards Undertaking Co. 127. Pay Hedgyseth	Jageo / pe	The section				
Richards Undertaking Co. Now Madrid, Mo. 19 Nov. 1957 Fay dely yeth	REMOVAL (Specify)	10	-	I		
Richards Undertaking Co. Molg nov. 1957 Fay Helyyseth						SINI.
		Në Undertzkir	Madrid, Mol/9	nau . 1957	I – 1	. 1
		Jacob Venta		ent on Reverse Side)	1000	

DATE RECEIVED NOV 20 1957

NEW MADRID CO. HEALTH GENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

working under my personal supervision...

Signature of Student Embalmer

Licensed Embalmer No 2 83

P. O. Addresses made

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.